



DEFENSE CENTERS
OF EXCELLENCE

For Psychological Health
& Traumatic Brain Injury

TRAUMATIC BRAIN INJURY (TBI) ASSESSMENT AND CARE:

The Defense and Veterans Brain Injury Center (DVBIC) Model at MacDill AFB & James A. Haley Veterans Hospital

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Disclaimer

The views expressed in this presentation are those of the author and do not reflect the official policy of the Department of Defense or U.S. Government.

There are no relevant financial relationships or conflicts of interest to disclose.

Agenda

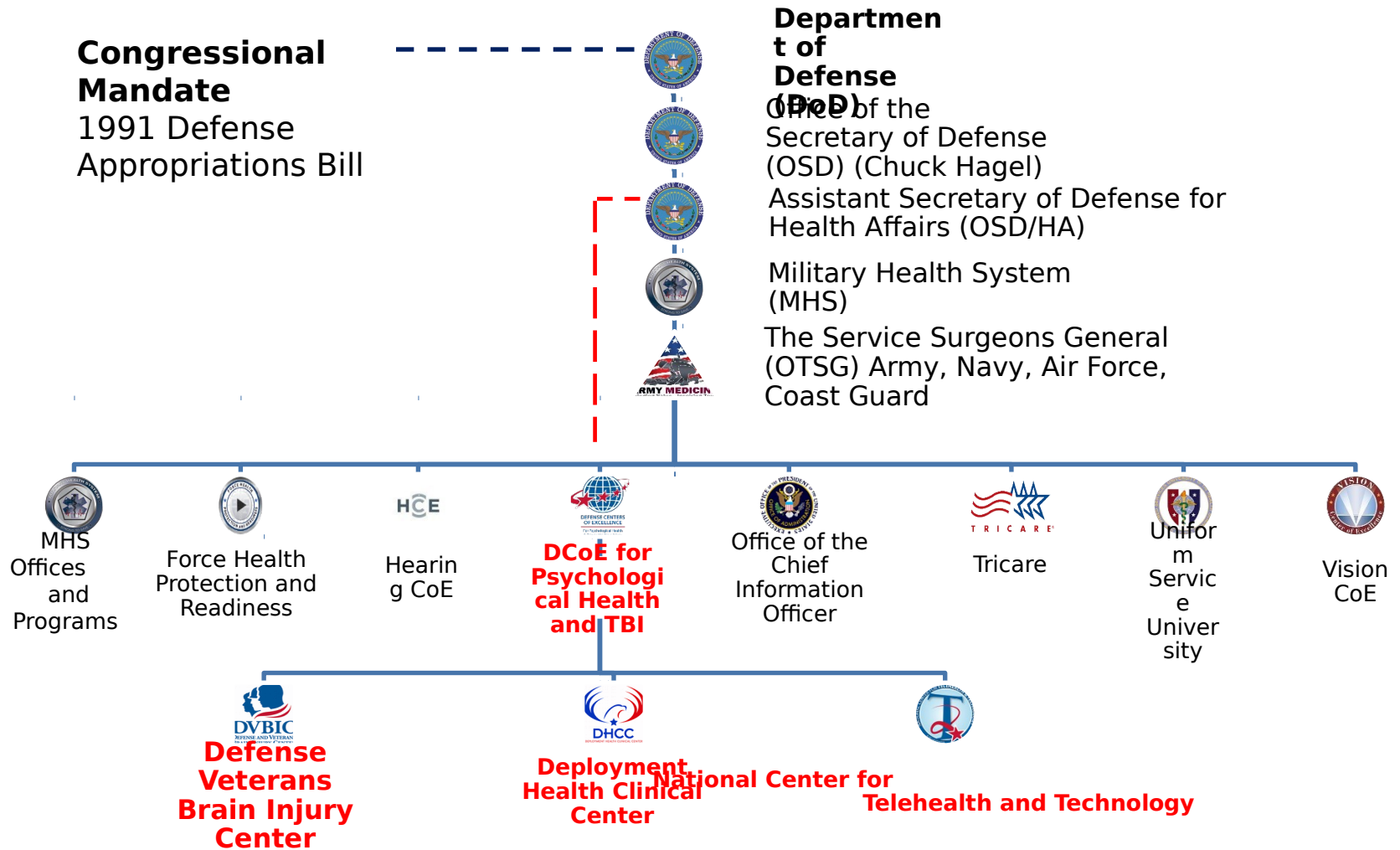
- DVBIC Structure and Mission
- DVBIC at MacDill AFB
- Care Coordination with Tampa VA Health Care System
- Basic Information About TBI

DEFENSE AND VETERANS

BRAIN INJURY CENTER (DVBIC)



Department of Defense Hierarchy



Defense Centers of Excellence (DCoE)



About DCoE



- Serves as the principal integrator and authority on psychological health and traumatic brain injury (TBI) knowledge and standards for the Defense Department
- An integral part of the Military Health System (MHS)
- Programs and resources help promote resilience, rehabilitation and reintegration for our nation's warriors, families and veterans
- DCoE Director serves as special assistant to the Assistant Secretary of Defense for Health Affairs

About Defense and Veterans Brain Injury Center



Established as a DoD organization by a Defense Appropriation Bill in 1991, DVBIC was directed to track and evaluate head injury survivors; ensure appropriate treatment and rehabilitation; study treatment outcomes; and counsel family members.

Our mission today remains to serve active-duty military and veterans with traumatic brain injury (TBI) and their family members to provide the-art medical care, innovative clinical initiatives and educational products.

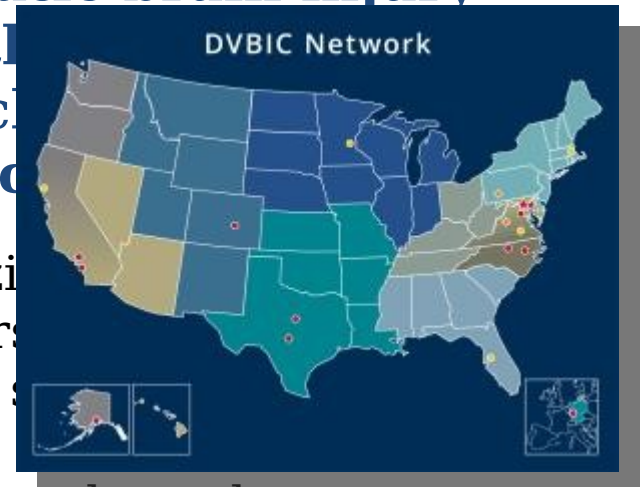
DVBIC assists the DoD and VA in optimizing the health of service members.

have

brain injury (TBI), in

deployed and non-deployed settings, through

DVBIC's three divisions: Research, Clinical



Meeting the DVBIC Mission

With a TBI focus and through the oversight and direction of three divisions, DVBIC provides services at 16 DoD and VA network sites in support of service members, veterans, families and providers.

Research

- Clinical Investigations
- Congressionally Mandated Studies
- Epidemiological Research
- Statistical Analysis
- Translation of Research

Clinical Affairs

- Clinical Care & Consultation
- Identifying & Sharing Best Practices
- Developing TBI Clinical Recommendations & Guidelines
- Clinical Care Surge Support
- TBI Surveillance
- Regional Care Coordination

Education

- Educational Tools & Resource Development
- TBI Awareness & Training
- Product Dissemination & Distribution
- Family Caregiver Program
- Regional Education Coordination

DVBIC Sites and Catchment Regions

Defense and Veterans Brain Injury Center TBI Regional Care Coordinator/Education Coordinator Sites and Catchment Regions

Veterans Affairs Palo Alto
Health Care System
Palo Alto, CA
Color = Coordinating Region

Naval Hospital
Camp Pendleton, CA
Color = Coordinating Region

Naval Medical Center
San Diego, CA
Color = Coordinating Region

Joint Base
Elmendorf-Richardson
Anchorage, AK
Color = Coordinating Region



Evans Army
Community Hospital
Fort Carson, CO
Color = Coordinating Region

Minneapolis Veterans
Affairs Medical Center
Minneapolis, MN
Color = Coordinating Region

Walter Reed National
Military Medical Center
Bethesda, MD
Color = Coordinating Region

Veterans Affairs
Boston Healthcare System
Boston, MA
Color = Coordinating Region

DVBIC Headquarters
Silver Spring, MD

Fort Belvoir,
Fort Belvoir, VA
Color = Coordinating Region

Hunter Holmes McGuire
Veteran Affairs Medical Center
Richmond, VA
Color = Coordinating Region

Naval Hospital
Camp Lejeune, NC
Color = Coordinating Region

Womack Army
Medical Center
Fort Bragg, NC
Color = Coordinating Region

Carl R. Darnall
Army Medical Center
Fort Hood, TX
Color = Coordinating Region

James A. Haley
Veterans Hospital
Tampa, FL
Color = Coordinating Region

San Antonio
Military Medical Center
San Antonio, TX
Color = Coordinating Region





**DEFENSE CENTERS
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DVBIC TBI Clinic at MacDill AFB



Services at MacDill AFB

- **TBI Clinic** housed within the Mental Health Clinic
- **Neuropsychologist**
 - Dr. McKenzie-Hartman
 - TBI evaluations in Clinic and via VTC
 - NP assessment
- **TBI Recovery Support Specialist (RSS)**
 - Tina Barton, LCSW
 - Initial TBI screening evaluations
 - Follow-up care
- Coordination of further specialized care via Tampa VA



Coordination of care via Tampa VA

- Staff cases seen at MacDill or via VTC and coordinate plans for care.
- Higher levels of care are referred to the Tampa VA TBI Clinic
 - Seen by a TBI Physiatrist
 - Outpatient TBI Services
 - Inpatient: Post-Deployment Rehabilitation & Evaluation Program (PREP)

*Chronic Pain Program, MH, also available

TBI Recovery Support Program

The DVBIC TBI Recovery Support program offers TBI expertise, resources and support to the military and veterans' communities and facilitates connections across the entire continuum of recovery and spectrum of care.

Eligibility: Service members (including National Guard and Reservists) or veterans who have sustained a TBI, their family members or caregivers.



A nationwide network of recovery support specialists assists clients as they negotiate through complex systems of care, return to duty or transition to civilian life.

For referrals and more information:

<http://dvbic.dcoe.mil/tbi-recovery-support-program>

TBI Recovery Support Program



The Recovery Support Program provides:

- Support, education, advocacy, and advice
- Tracking of symptoms and monitoring of treatment compliance and outcomes
- Connection to TBI and psychological health services
- Up to 24 months of follow-up care
- For providers, information and access to TBI research, training and educational resources

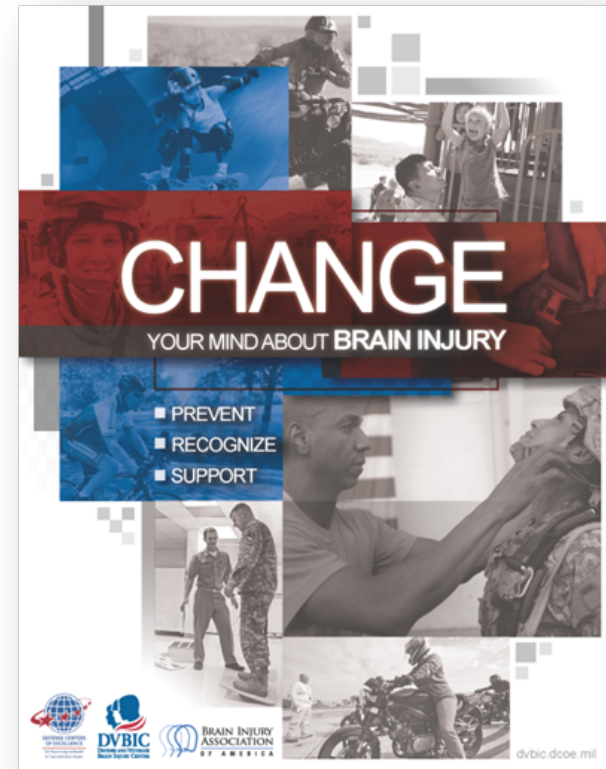
A nationwide network of recovery support specialists assists clients as they negotiate through complex systems of care, return to duty or transition to civilian life.



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Why Is TBI Evaluation & Care So important?



Definition of TBI

- Any traumatically induced structural injury and/or physiological disruption of brain function as a result of an **external force** that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event:
 - Any period of loss of consciousness (LOC)
 - Any loss of memory for events immediately before or after the injury (PTA)
 - Any alteration in consciousness (AOC) at the time of the injury (i.e., confusion, disorientation, slowed thinking)
 - Neurological deficits (i.e., weakness, balance disturbance, praxis, paresis/plegia, visual changes, other sensory alterations, aphasia) that may or may not be transient.
 - Intracranial lesion

*The above criteria defines the *historical event*, not a condition, disorder, or syndrome

*If a person meets these criteria, then they should be diagnosed as having *sustained* a TBI.



External Force

- Forces causing brain injury include
 - head being struck by an object
 - head striking an object
 - brain undergoing an acceleration/deceleration mvmt. without direct external trauma to the head
 - foreign body penetrating the brain
 - forces generated from events such as blast or explosion, or other force yet to be defined





DoD Numbers for Traumatic Brain Injury Total Worldwide TBI Diagnoses

No. of cases

35,000

30,000

25,000

20,000

15,000

10,000

5,000

'00

'01

'02

'03

'04

'05

'06

'07

'08

'09

'10

'11

'12

'13

Calendar year

Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSC)

Prepared by MHS Office of Strategic Communications

2000-2013





DoD Numbers for Traumatic Brain Injury Worldwide - Incidence by Armed Forces Branch

No. of cases

25,000

20,000

15,000

10,000

5,000

0

'00 '01 '02 '03 '04 '05 '06 '07 '08 '09 '10 '11 '12 '13

Calendar year

◆ Army

■ Navy

▲ Air Force

✕ Marines

Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSC)



DoD Numbers for Traumatic Brain Injury Worldwide - Incidence by Severity

No. of cases

30,000

25,000

20,000

15,000

10,000

5,000

0

'00 '01 '02 '03 '04 '05 '06 '07 '08 '09 '10 '11 '12 '13

Calendar year

—●— Mild —▲— Moderate —■— Severe —◆— Penetrating —×— Unclassified

Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSC)

Prepared by the Defense and Veterans Brain Injury Center (DVBIC)

2000-2013





DoD Numbers for Traumatic Brain Injury Worldwide – Totals

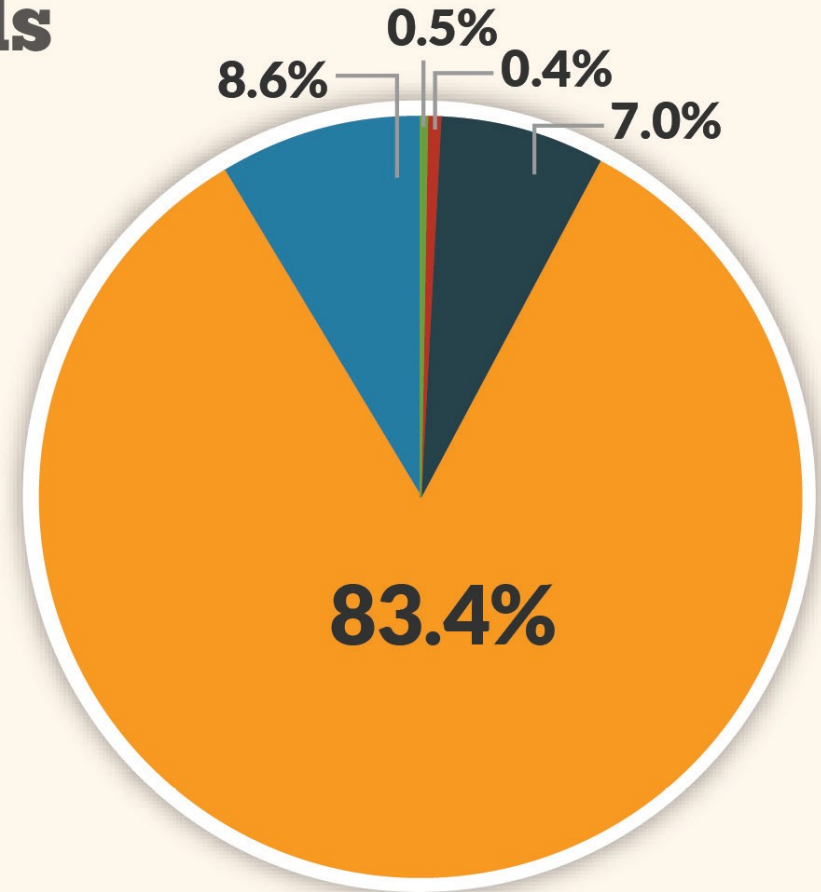
2014 (Q1-Q2)

Penetrating	66
Severe	53
Moderate	849
Mild	10,081
Not Classifiable	1,034

Total - All Severities **12,083**

Source: Defense Medical Surveillance System (DMSS),
Theater Medical Data Store (TMDS) provided by the
Armed Forces Health Surveillance Center (AFHSC)

Prepared by the Defense and Veterans Brain Injury Center (DVBIC)
Percentages may not add up to 100% due to rounding



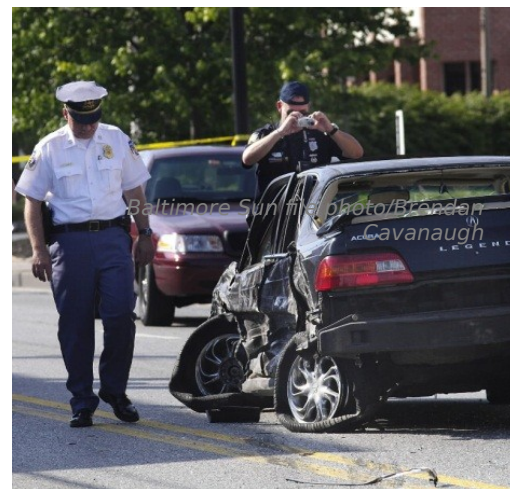
2014 (Q1-Q2), as of Aug 19, 2014

Causes of TBI

In the civilian sector, the most common cause of TBI is falls.

The second most common cause is vehicle (i.e., car, bicycle, pedestrian, rec vehicles) related accidents.

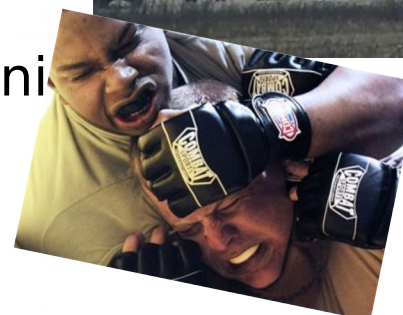
Firearm use is the leading cause of death related to TBI.



Causes of TBI

• In the military, the most common causes of TBI in both the deployed and non-deployed settings include:

- Blasts
- Motor vehicle crashes
 - Falls
 - Sports and recreational activities
 - Blows to the head (i.e. military training)
 - Assaults



Leading cause of TBI in the deployed setting is the involvement in a vehicle blast or rollover



VHA/ DoD TBI Severity

	Mild TBI/ Concussion	Moderate TBI	Severe TBI
Neuroimaging	Normal structural imaging	Normal or abnormal structural imaging	Normal or abnormal structural imaging
GCS	13-15	9-12	<9
LOC	0-30 min	>30 min and <24hrs	>24 hrs
AOC	A moment up to 24 hrs	AOC >24hrs (use other criteria)	
PTA	0-1 day	>1 day and <7 days	>7 days

GCS = Glasgow Coma Scale

AOC = Alteration of Consciousness

LOC = Loss of Consciousness

PTA = Post Traumatic Amnesia

Mild TBI/ Concussion

- Approx. 75% of those who sustain a TBI have a mTBI.
- Mild TBI is believed to result when a traumatic force to the brain triggers a pathologic neurochemical cascade, but is insufficient to produce widespread neuronal dysfunction or the axonal disruption that characterizes more severe brain injuries.

Complicated mTBI

- When neuroimaging findings or positive signs on an acute neurological exam are present , following what would otherwise be classified as a mild TBI, the classification changes to “complicated mild TBI.”
- Recovery trajectory is more similar to the moderate TBI 6-month outcome.

Cumulative Concussions

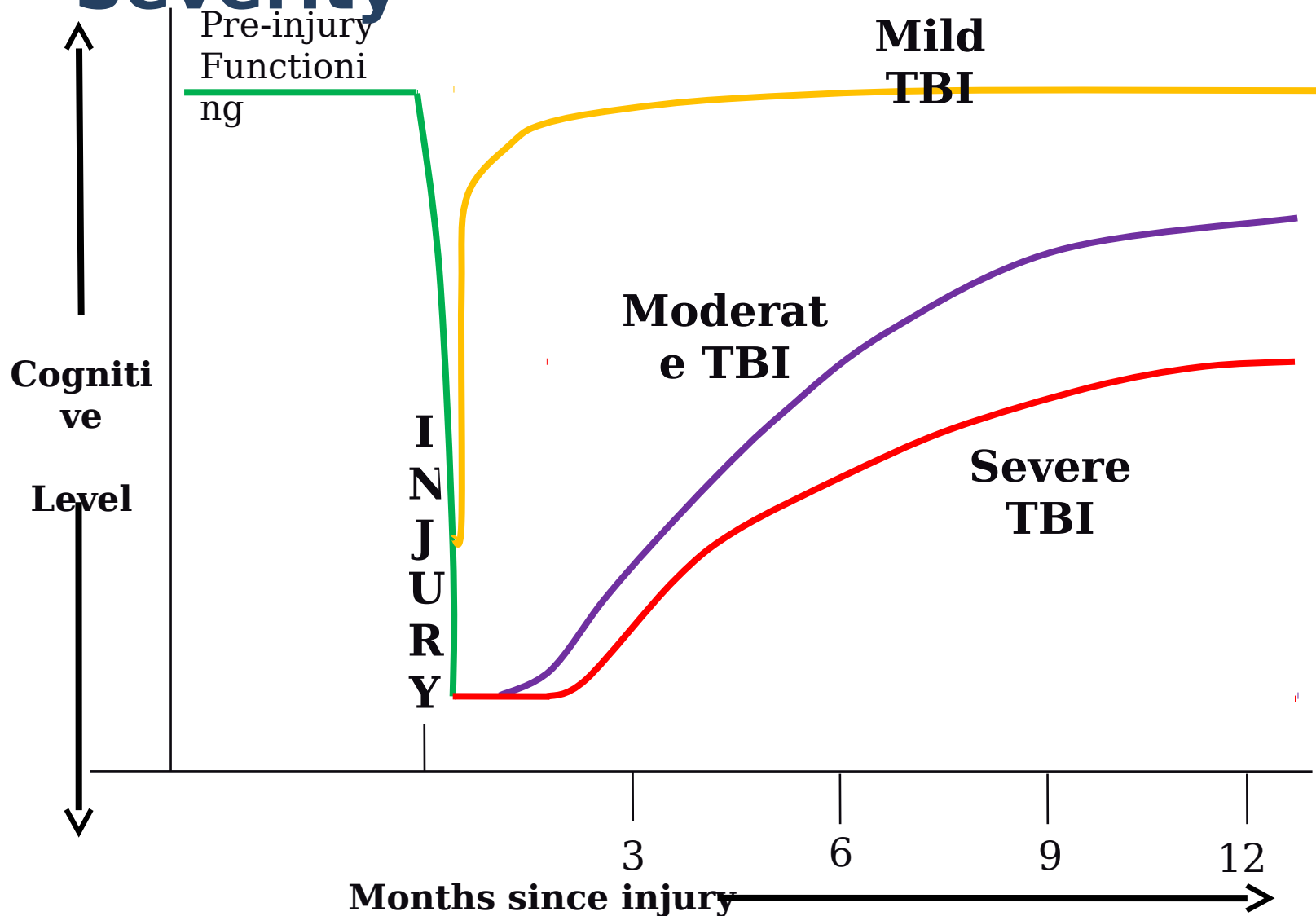
- Sport literature suggests a possible cumulative effect from multiple concussions.
- However, any threshold for adverse events regarding frequency and severity of concussions has yet to be established.
- Yet there is concern that a second concussion prior to complete recovery from the first concussion may pose increased risk.

TBI SYMPTOMS AND IMPACT



Photo courtesy: cdc.gov

Cognitive Recovery by TBI Severity



Common Signs and Symptoms (mTBI)

Physical Symptoms	Cognitive	Behavioral / Emotional	Sleep
<ul style="list-style-type: none">• Headaches• Visual problems• Feeling dizzy• Loss of balance• Hearing difficulty• Tinnitus• Sensitivity to light and/or noise• Nausea	<ul style="list-style-type: none">• Attention• Memory problems• Poor concentration• Delayed processing speed• Difficulty finding words• Impaired judgment	<ul style="list-style-type: none">• Anxiety• Depression• Agitation• Irritability• Impulsivity• Aggression	<ul style="list-style-type: none">• Fatigue, loss of energy, getting tired easily• Difficulty falling or staying asleep



Impact of Multiple TBIs

- Symptoms may be more severe with each additional TBI
 - May take longer to improve or resolve
- Persistent symptoms may lead to:
 - Reduced work performance
 - Behavioral or emotional problems
 - Relationship problems



Photo: accessed 2 DEC 2013 at www.jber.af.mil

TBI and Co-Occurring Conditions

- PTSD
- Chronic Pain & Headaches
- Substance Use/Abuse
- Depression
- Anxiety
- Suicidality
- Daily Stress



Photo courtesy: cdc.gov

Overlapping Symptoms

Possible Symptoms of PTSD

- flashbacks
- nightmares
- self-destructive behavior
- fearfulness
- startled easily
- guilty feelings
- on high alert

- sleep problems
- trouble with memory and attention
- depression
- anxiety
- fatigue
- irritability

Possible Symptoms of Concussion

- headaches
- dizziness/balance problems
- nausea
- sensitivity to light and sound
- vision changes
- appetite changes
- mood changes

Overlapping Symptoms



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Want to Learn More About TBI?



MacDill AFB TBI Lunch & Learn

If you are at MacDill... Attend our TBI LUNCH & LEARN SERIES

**2ND TUESDAY OF EACH MONTH
NOON-1PM**

TOPICS INCLUDING:

- 6/11/15: Introduction to TBI
- 7/9/15: Sleep and TBI
- 8/13/15: Headaches in TBI
- 9/10/15: Vestibular & Balance Issues in TBI
- 10/8/15: Vocational Rehabilitation for TBI
- 11/12/15: Recreation Therapy for TBI
- 12/10/15: Tampa VA's Inpatient TBI (PREP) Program

Continuing Education

Mild Traumatic Brain Injury Web-based Case Studies Available Now on MHS Learn



A series of 12 modules using actual patient vignettes to help health care professionals understand mild traumatic brain injury (mTBI) to include screening, diagnosis and management of symptoms in the non-deployed setting

One **FREE** continuing education unit/continuing medical education (CEU/ CME) offered for all case studies. Accreditation for CEU/CME authorized by the following organizations: AOTA, APTA, ANCC, ACCME, ACCME-NP, APA

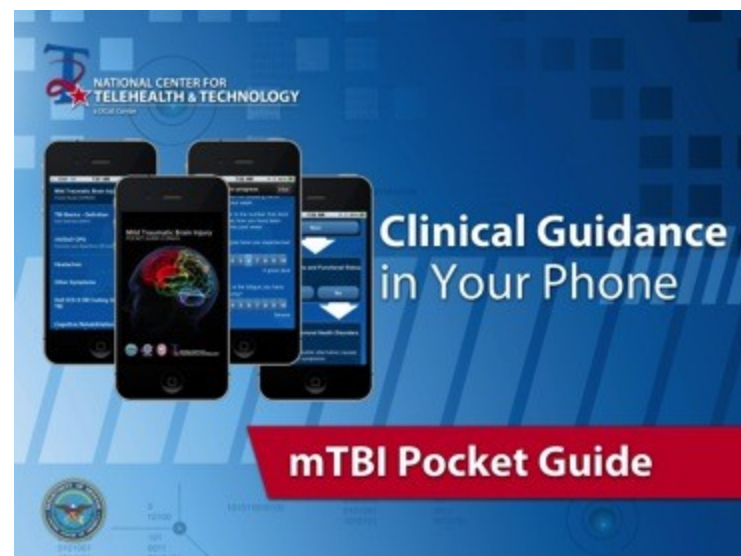
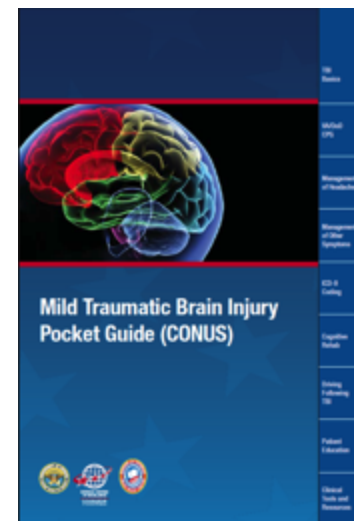
- Diagnosing mTBI
- Assessing the Individual with Persistent Symptoms
- Use, Administration and Interpretation of the Military Acute Concussion Evaluation (MACE) *Updated September 2012*
- Assessing the Individual with Persistent Headaches
- Cognitive and Behavioral Symptom Management of mTBI
- Management of Hearing and Vision Problems Following mTBI
- Return to Duty/Activity After mTBI
- Assessing and Treating Dizziness and Disequilibrium
- Defense Department ICD-9-CM Coding Guidance for Traumatic Brain Injury
- Assessing and Managing Fatigue and Sleep Dysfunction
- Mild Traumatic Brain Injury: Putting It All Together Part 1
- Mild Traumatic Brain Injury: Putting It All Together Part 2

TBI Clinical Support Tools

Mild Traumatic Brain Injury Pocket Guide (CONUS) and Mobile Application

Quick reference resource on treatment and management of mTBI including:

- Evidence-based recommendations
- ICD-9 coding guidance
- Clinical recommendations for cognitive rehabilitation
- Clinical recommendations on assessing ability to drive safely
- Patient education materials



TBI Clinical Support Tools

PROVIDER TOOLS: Patient Education Fact Sheets



Concussion/Mild Traumatic Brain Injury and Posttraumatic Stress Disorder



WHAT IS A TRAUMATIC BRAIN INJURY (TBI)?

- A TBI is the disruption of normal brain function caused by an external force including a jolt or blow to the head.
- Not all blows or jolts to the head cause a TBI.
- A TBI may be classified as mild, moderate, or severe. A mild TBI, also called a concussion, is the most common form.
- With a concussion patients may or may not lose consciousness; remember the event immediately after the injury.

WHAT IS POSTTRAUMATIC STRESS DISORDER (PTSD)?

- PTSD describes a group of symptoms that may develop after you are exposed to actual or threatened death, serious injury or sexual violence.
- These events can include combat exposure, domestic violence, sexual, mental or physical abuse, a motor vehicle crash or terrorist attack, or a natural disaster.

IS THERE A CONNECTION BETWEEN CONCUSSION AND PTSD? CAN I HAVE BOTH?

- Yes, you can have both. Concussion and PTSD can be caused by the same traumatic event.
- Yes, Concussion and PTSD involve physical changes and psychological symptoms.
- Some people will.
- The symptoms of Concussion symptoms

Changes in Behavior, Personality or Mood
Concussion/Mild Traumatic Brain Injury (mTBI)

Possible symptoms:

- Headaches
- Changes in behavior
- Changes in personality
- Changes in mood
- Changes in sleep
- Changes in appetite
- Changes in concentration
- Changes in memory
- Changes in judgment
- Changes in social behavior
- Changes in work behavior
- Changes in school behavior
- Changes in driving behavior
- Changes in sexual behavior
- Changes in religious behavior
- Changes in political behavior
- Changes in cultural behavior
- Changes in ethnic behavior
- Changes in racial behavior
- Changes in gender behavior
- Changes in sexual orientation behavior
- Changes in gender identity behavior
- Changes in gender expression behavior
- Changes in gender role behavior
- Changes in gender identity behavior
- Changes in gender expression behavior
- Changes in gender role behavior

CO-OCCURRING CONCUSION

just not feeling like yourself?
Easily irritated or on edge?
Feeling overwhelmed, anxious, sad or depressed?


A concussion may result in changes to your behavior, personality or the way you feel. These changes also could be a result of your other symptoms including pain, poor sleep and fatigue.

What can I do?

- Keep an eye on your mood. If you are having negative thoughts and emotions, identify the trigger and avoid them if possible. Use a Journal or the Mood Tracker app on the back of this page to help you.
- Take a deep breath. Breathing exercises have been found to decrease the body's reaction to stress. Try the Breathing Tracker app on the back of this page to learn deep breathing techniques that can help you manage your response to stress.
- Take care of yourself. Eat regular healthy meals, and make sure you get at least seven to eight hours of sleep. You may become irritable if you are tired or hungry.
- Think positive! Remember that over time your injuries and symptoms will continue to improve.
- Take a break. If you are in a situation that upsets you, walk away and take a few minutes to calm down. Try to approach the situation with a clearer mind.
- Use positive stress management. Make time to do something you enjoy, especially when you feel angry, frustrated or upset. Listen to some of your favorite music, visit with a friend, exercise or work on a hobby.
- Think before you act. Try to teach yourself to stop and think before you say or do something that might be inappropriate.
- Don't rush. Give yourself plenty of time to complete tasks. Try doing one thing at a time to prevent frustration and feeling overwhelmed.
- Ask for help. A friend or trusted co-worker could help you prioritize tasks and manage your workload.
- Take your time. Try to pace yourself as you work toward your goals for recovery.


Did you know?
Mood and behavior changes may appear after an mTBI. You or your loved one may not understand why this is happening or know what to do. Trying these tips may improve these feelings.

PATIENTS




Healthy Sleep

Concussion/Mild Traumatic Brain Injury (mTBI)




Getting restful sleep is one of the most important things you can do for your health, and it often takes preparation during the day. Improve your sleep regimen with these healthy sleep tips.

- Keep a regular sleep schedule. Go to bed at the same time every day, and get up at the same time, regardless of how much sleep you get.
- Do NOT exercise close to bedtime.
- Avoid naps.
- Avoid caffeine containing foods or drinks — such as chocolate, energy drinks and soda — at least 6 hours before bedtime.
- Avoid alcohol, nicotine, heavy meals and drinking a lot of liquids close to bedtime.



Head Injury and Dizziness

Concussion/Mild Traumatic Brain Injury (mTBI)



Why am I dizzy?

Dizziness is one of the symptoms that you may experience after a concussion. During the week or two following a concussion, the vast majority of patients will recover from their dizziness and other associated symptoms.

There are several possible causes of your dizziness including:

- migraines
- a problem in your inner ear
- an injury to the muscles and nerves in your upper neck
- minor changes in the parts of your brain that control balance
- minor changes in the parts of your brain that control eye movement and vision
- a medication side effect
- low blood pressure
- anxiety

What can I do?

- maintain your daily routine
- be physically active but stop if you get dizzy
- minimize alcohol and caffeine
- drink plenty of water
- get plenty of sleep
- talk to your provider about medications and supplements you are taking
- discuss options for treatment with your provider
- keep a dizziness journal following the example below and share it with your provider

What makes you dizzy (i.e., position, movement, activity)?

What makes you dizzy (i.e., position, movement, activity)?	How long are you dizzy (i.e., seconds, hours)?	What makes you feel better?	Is there a certain time of day your dizziness is worse?

PATIENTS



Ways to Improve your Memory

Concussion/Mild Traumatic Brain Injury (mTBI)




1. Avoid distractions. When you are learning new information, focus on what is being said. Pay close attention when you are listening to directions, instructions or having a conversation.

2. Get plenty of sleep. Go to sleep at the same time each night, and wake up at the same time each morning. Try not to nap during the day. Avoid exerting within 2 hours of bedtime, avoid watching TV, playing video games, and using your computer or phone within 1 hour of bedtime.


3. Write it down. Keep a notebook, planner or calendar with you and write down things you need to remember, such as important events or tasks.

4. Avoid alcohol, tobacco and caffeinated drinks, such as coffee, soda and tea. These increase sleep problems, anxiety, blood pressure levels and overall stress.



Headache and Neck Pain

Concussion/Mild Traumatic Brain Injury (mTBI)



WHY DOES IT HURT?

After a head exposure, jump injury, car accident or other way that you might get a head injury, your neck may have experienced some trauma as well. Some people recover quickly from this type of injury while others continue to have pain or stiffness in their necks related to poor posture. This neck pain can become head pain.

1. ICE/HEAT:

Ice your neck and head at least 2-3 times a day. Leave it there as you relax for about 20 minutes (or until the pack is no longer cold).

Heat is good for relaxing muscles. You can use a warm gel pack. A 10-20 minute shower works just as well. Most respond to ice better than heat. Try both to see which one works best for you. When using heat or ice with neck stretches (below), use heat to relax muscles before stretching, then use ice after stretching to calm the muscles.

2. NECK STRETCHES:

Before stretching in any direction, pull up your spine as straight as possible, then "retract" your chin towards your neck. The muscles you are stretching are small and delicate so start low, and go slow. Tuck your head level just behind forward or back; do not tug or shove neck, and gently press on your chin for a deeper stretch.

Directions: Start by holding for only about 5-10 seconds, then more each day:

Stretch	Direction	Duration
Forward chin stretch	Forward	5-10 seconds
Backward chin stretch	Backward	5-10 seconds
Right side stretch	Right	5-10 seconds
Left side stretch	Left	5-10 seconds
Deep stretch	Deep	5-10 seconds

PATIENTS

TBI Clinical Support Tools

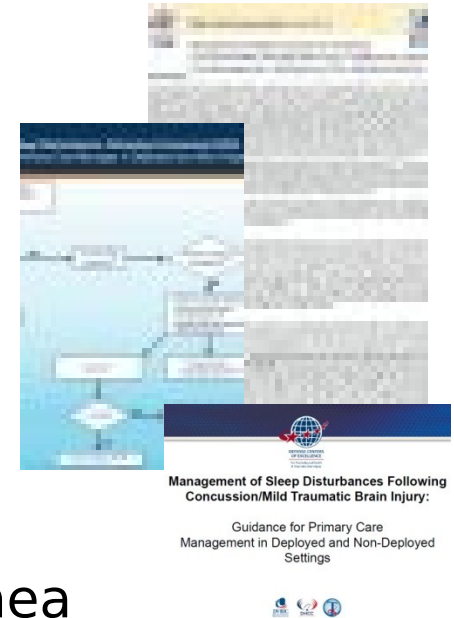
Management of Sleep Disturbances Following Concussion/Mild Traumatic Brain Injury

Clinical recommendation and companion support tool

Training guide

Fact sheet

Guides primary care managers in the assessment and management of common sleep disorders: insomnia, circadian rhythm sleep-wake disorder and obstructive sleep apnea



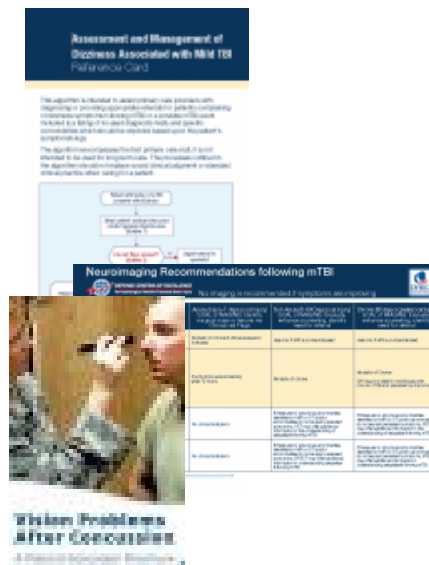
Available to order
at <http://dvbic.dcoe.mil>

TBI Clinical Support Tools

**Additional Clinical Recommendations
available at <http://dvbic.dcoe.mil>:**

Neuroimaging
Assessment of Dizziness
Visual Dysfunction

Next Clinical Recommendation due out
2015: Post-traumatic Headaches



Progressive Return to Activity Following Mild TBI Clinical Recommendation

- Released January 2014 by DVBIC
- Gives providers and patients a practical “how to manual for concussion recovery
- Guidance for primary care managers in deployed and non-deployed settings for progressive return to activity following a concussion/mild TB
- Offers a standardized approach for service members who remain symptomatic after sustaining a concussion/mTBI
- Identifies recommended criteria for referral to the rehabilitation provider for daily monitored return to activity process
- The first clinical tool to define “rest”

Available to order at <http://dvbic.dcoe.mil>



TBI Case Management Resources

Telehealth and Technology Web Resource Locator Website

Compiled information from government
and community resources

Psychological health and TBI

In support of service members, veterans
and their families

<http://ttwrl.dcoe.mil>



- **Military TBI Case Management Quarterly Newsletter**

- Information and resources for those caring for service members with TBI and their families
- Identifies and shares best practices across the military community



TBI Products for Service Members, Families

- **“Back to School: Guide to Academic Success After Traumatic Brain Injury”**

- **Family Needs line of educational brochures**

Addressing Family Needs

Talking with Children about Moderate or Severe TBI

Taking Care of Yourself while Taking Care of Others

- Download and order all resources at <http://dvbic.dcoe.mil>

- **Family Caregiver Curriculum**

Moderate to severe TBI

Download and order at [https://](https://dvbic.dcoe.mil/material/traumatic-brain-injury-guide-caregivers)

dvbic.dcoe.mil/material/traumatic-brain-injury-guide-caregivers
[-service-members-and-veterans](https://dvbic.dcoe.mil/material/traumatic-brain-injury-guide-caregivers)



Available to download
at <http://dvbic.dcoe.mil>

DVBIC Online Provider Education

- Online TBI education for both civilian and military providers
 - Webinars and online courses
 - All are free of charge
 - Some offer CE or CME credits

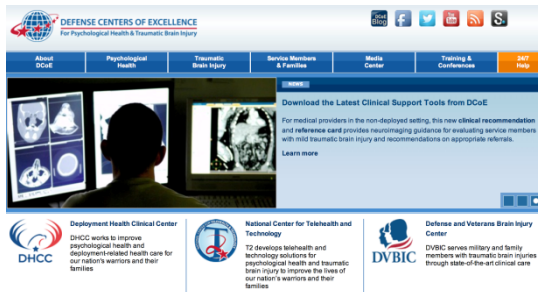
<https://dvvic.dcoe.mil/online-education>



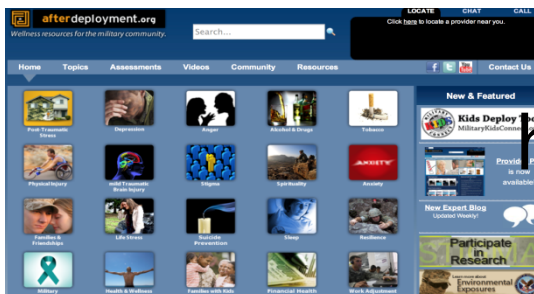
Websites



<http://dvbic.dcoe.mil>



<http://dcoe.mil>



<http://afterdeployment.org>

Other Helpful Websites

- TraumaticBrainInjuryAtoZ.org
- Brainline.org
- Brainlinemilitary.org
- VeteransCrisisLine.net
- cdc.gov/TraumaticBrainInjury/



Questions?

